

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other		3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field	4. Employing Office Location	5. Duty Station	6. OPM Certification No.
Explanation (Show any positions replaced)		7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt	8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest	9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		10. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gon.) <input type="checkbox"/> SES (CR)	11. Position Is <input checked="" type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input type="checkbox"/> Neither	12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive	13. Competitive Level Code
15. Classified/Graded by		Official Title of Position		Pay Plan	Occupational Code
a. Office of Personnel Management					
b. Department, Agency or Establishment		Supervisory Range/Forestry Technician (Fire)		GS	455/462
c. Second Level Review		Department of the Interior, FLERT Specialist			9
d. First Level Review		This PD has been approved as follows under 5 USC 8336(c) and 8412(d) <input checked="" type="checkbox"/> Firefighter <input type="checkbox"/> Law Enforcement			8/26/04
e. Recommended by Supervisor or Initiating Office		Approval Date: <u>October 26, 2004</u>		14. Agency Use *DOI030	

16. Organizational Title of Position (if different from official title) Wildland Fire Operations Specialist		17. Name of Employee (if vacant, specify)	
18. Department, Agency, or Establishment Department of the Interior		c. Third Subdivision	
a. First Subdivision BIA BLM FWS NPS		d. Fourth Subdivision	
b. Second Subdivision		e. Fifth Subdivision	

19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.

20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor

b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)

Signature _____ Date _____

21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply, directly, consistently with the most applicable published standards.

22. Position Classification Standards Used in Classifying/Grading Position
Range Technician Series, GS-455 Dec 91 TS-111. Forestry Technician Series, GS-462 Dec 91 TS-111. Grade Evaluation Guide for Aid and Technician Work in the Biological Sciences, GS-400 Dec 91 TS-111

Typed Name and Title of Official Acting Action
BIA BLM FWS NPS
HIR Specialist

Signature _____ Date 8/26/04

See Remarks

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.

23. Position Action	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employer (optional)										
b. Supervisor										
c. Classifier										

24. Remarks
 Alison Beard BIA
 Todd Ryan BLM
 Dawn Phillips FWS
 Debbie Burton Orton NPS

25. Description of Major Duties and Responsibilities (See Attached)

*Agency Use Code should be entered in FPPS as last six digits of Position Allocation Number.